

VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
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August 5, 2014

Ms. Nancy Bourne, Administrator
Sterling House At Rockingham
33 Atkinson Street
Bellows Falls, VT 05101

Dear Ms. Bourne:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 16, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	licensing and Protection	(X3) DATE SURVEY COMPLETED 06/16/2014
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PRVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation and re-licensing survey was completed by the Division of Licensing and Protection on June 16, 2014. There were no regulatory violations related to the complaint. The following regulatory violations were identified during the survey:		R100	<i>Please see attached plan of correction.</i>	
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review for 1 of 5 residents, the facility failed to ensure that the resident's abilities regarding medication management were assessed within 24 hours and nursing delegation implemented, if necessary. The findings include the following: Per medical record review on 6/16/14, Resident #3 admitted on 9/23/13 with diagnoses to include Bilateral right Malleolar Fracture, Diabetes Mellitus, Extrapyramidal Disease, Chronic Obstructive Pulmonary Disease, Hypoxia, Anxiety and Post Traumatic Stress Disorder. Per medical record review, admission progress notes dated 9/23 and 9/25/13 do not evidence		R134		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

689

QZS011

If continuation sheet 1 of 4

R134, R145, + R291 POC's accepted 8/4/14 pmcotarw

Division of Licensing and Protection

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R134	<p>Continued From page 1</p> <p>any assessment regarding Resident #3's abilities to self administer Nebulizer breathing treatments. Per medical record review, Physician note dated 9/23/13 identifies that Resident #3 may self administer Nebulizer treatments.</p> <p>Per medical record review, Medication Administration Record identifies Dueoneb 2.5-0.5 milligrams via Nebulizer four times a day. Staff documentation directs Wake and Assist. Documentation by delegated caregivers identifies treatment as administered. Ipratropium 0.2% Nebulizer every 6 hours may have at bedside. No documented evidence that the Nebulizer medication was administered.</p> <p>Per interview with RN Director on 6/16/14 at approximately 4 PM, confirmation is made that there has not been any assessments completed that evaluates Resident #3's abilities to self administer medications.</p>	R134		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review for 1 of 5 residents the facility failed to ensure that there has been development of a</p>	R145		

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R145	<p>Continued From page 2.</p> <p>written plan of care that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being. The findings include the following:</p> <p>Per medical record review on 6/16/14, Resident #3 admitted on 9/23/13 with diagnoses to include Bilateral right Malleolar Fracture. Diabetes Mellitus, Extrapyramidal Disease, Chronic Obstructive Pulmonary Disease, Hypoxia, Anxiety and Post Traumatic Stress Disorder.</p> <p>Per medical record review on 6/16/14 at approximately 1 PM, Resident #3 fell on 5/28/14 in his/her bedroom with staff in attendance. Registered Nurse assessed the resident, Physician visit and exam revealed bilateral fractured Malleolar of the right ankle. Physician determined orthopedic consult necessary and was scheduled for 6/2/14. Resident #3 was determined to be non-weight bearing, to utilize crutches/walker and currently has a cast on her/his right leg that extends from above the toes to below the knee. Care plan developed on 9/23/13 and identifies that Resident #3 is working with Physical Therapist.</p> <p>Per interview with the Registered Nurse Director on 6/16/14 at approximately 4 PM, confirmation is made that the care plan has not been updated related to Resident #3's fracture and changes in needs.</p>	R145		
R291 SS=D	IX. PHYSICAL PLANT 9.6 Plumbing	R291		

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R291	<p>Continued From page 3</p> <p>9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to ensure that in 2 resident bathrooms on the first floor, shared by 4 different residents, hot water temperatures shall not exceeded 120 degrees Fahrenheit. The findings include the following:</p> <p>Per observation on 6/16/14 at approximately 4:05 PM, between Room #1 and Room #2, the sink hot water registered at 126 degrees Fahrenheit. This elevated temperature was confirmed by the Care Giver at the time of the tour.</p> <p>Per observation and review on 6/16/14 at approximately 4:09 PM, the bathroom between Room #3 and Room #4, the sink hot water registered at 122 degrees Fahrenheit. This elevated temperature was confirmed by the Care Giver at the time of the tour.</p>	R291		

R134

Sterling House will continue to collaborate with physician on all areas of clinical care and will ensure accurate depiction of same in resident medical record. This will also be reflected in update on resident assessment form. This action will be monitored on monthly basis by administrator and nursing via review of medical records. Date of same will be 7-15-14.

R145

Sterling House nursing had documented resident in question having physical therapy after stated injury. Resident had been receiving assist as needed with mobilization and change in assist was consistent with level after injury. Physical therapy and assist was noted on care plan.

Care plan updates will be made in different color ink so as to be noted as changes and will be monitored to ensure updates on monthly basis. This process has already taken place and will be continued as monthly quality assurance process.

R291

When brought to my attention, I adjusted the mixing valve to lower the temperature of the hot water which registered below 120 degrees Fahrenheit (F) in the bathrooms cited before the surveyor exited the home. Since the survey of June 16, 2014, hot water temperatures have been checked on a daily basis in several randomly selected resident bathrooms. Daily monitoring will continue for another week and then will become weekly through July. If water temperatures do not exceed 120 degrees F, hot water temperatures will be monitored on monthly basis thereafter. The Administrator of Sterling House is responsible for ensuring this plan of correction is implemented.